

KENNEDY SPACE CENTER

2009 - CARDIOVASCULAR DISEASE PROGRAM

RISK PROFILE

Patient Name (Last, First, Middle Initial)	*Last 4 digits of SSN	Date of Birth	Sex
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***If you have not been a participant in the program previously, enter your entire SSN.**

PLEASE COMPLETE THE FORMS AND BRING THEM WITH YOU ON THE DAY OF YOUR SCREENING.

1. Complete the top portion of this form
2. Complete the risk factor assessment sheet on page 2.
3. The testing is more accurate if you fast for 12 hours before the blood drawing - no food or drink, except for WATER ONLY. If you are taking prescription medications, please take them on your normal schedule with water.

Please note: If you are a diabetic, you may have to adjust your medications due to fasting, consult with your private medical doctor.

4. You should receive your results within three (3) weeks. If you have any questions, please contact Kris Calderon, 867-3414.

NEW 2009 CARDIOVASCULAR DISEASE (CVD) SCREENING SCHEDULE

Date	Place	Time
Wednesday, January 14th	OHF	7-9 a.m. (2 hours)
Wednesday, February 11th	OHF	7-8 a.m.
Thursday, February 12th	LAC (MFF)	7-8 a.m.
Wednesday, March 18th	OHF	7-9 a.m. (2 hours)
Wednesday, April 15th	OHF	7-8 a.m.
Thursday, April 16th	LAC (MFF)	7-8 a.m.
Wednesday, May 13th	OHF	7-9 a.m. (2 hours)
Wednesday, June 17th	OHF	7-8 a.m.
Thursday, June 18th	LAC (MFF)	7-8 a.m.
Wednesday, July 15th	OHF	7-9 a.m. (2 hours)
Wednesday, August 12th	OHF	7-8 a.m.
Thursday, August 13th	LAC (MFF)	7-8 a.m.
Wednesday, September 16th	OHF	7-9 a.m. (2 hours)
Wednesday, October 14th	OHF	7-8 a.m.
Thursday, October 15th	LAC (MFF)	7-8 a.m.
Wednesday, November 18th	OHF	7-9 a.m. (2 hours)
Wednesday, December 9th	OHF	7-8 a.m.
Thursday, December 10th	LAC (MFF)	7-8 a.m.

OHF - Occupational Health Facility (M6-495, Industrial Area @ KSC)

LAC (MFF) - KSC Launch Area Clinic (Multi-Functional Facility @ KSC)

MEDICAL USE ONLY - Lab Slip:

Date Specimen Taken	Time Specimen Taken	Place OHF Computer Label Here

NOTICE - PRIVACY ACT 1974 - PL 93-579

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CARDIOVASCULAR DISEASE RISK FACTOR ASSESSMENT 2009

**** Mail code must be properly completed if you want to receive the results of your blood work**

Please Print Legibly

Patient Name (Last, First, Middle Initial)		*Last 4 digits of SSN	Date of Birth
Company		Work Phone Number	Sex
Supervisor	Supervisor Phone No.	Patient's Job Title	**Patient's Mail Code

***If you have not been a participant in the program previously, enter your entire SSN.**

1. Have you fasted (no food or drink, except water) for 12 hours before having blood drawn? ☐ Yes ☐ No
2. Do you smoke? ☐ Yes ☐ No
3. If you have attended a previous CVD screening, have you ever received a packet of educational materials in addition to your results letter? ☐ Yes ☐ No ☐ N/A

Age	Height (in feet and inches)	Current Weight
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Personal History (Check all of the following that apply)

- ☐ Currently taking any medication to treat high blood pressure
- ☐ Diabetes
- ☐ History of high cholesterol (been told you have high cholesterol or currently taking medication for high cholesterol)
- ☐ History of heart disease (heart attack, angina, angioplasty, coronary blockages, coronary artery bypass surgery)

Family History of any of the following diseases. **Check all that apply.**

- ☐ Father or brother diagnosed with coronary heart disease before age 55.
- ☐ Mother or sister diagnosed with coronary heart disease before age 65.

KSC/NASA PHYSICAL ACTIVITY STATUS SCALE. Please check the box next to ONE of the following responses that best describes your exercise habits.

<input type="checkbox"/> 0 No regular exercise, no physical activity outside of office work
<input type="checkbox"/> 1 No regular exercise, occasional walking or exertional activity
<input type="checkbox"/> 2 Rare regular exercise, some exertional activity, usually less than 30 minutes per week
<input type="checkbox"/> 3 Rare regular exercise, some exertional activity, usually more than 30 minutes/week but less than 1 hour/week
<input type="checkbox"/> 4 Occasional regular exercise: No more than 60 minutes of exercise/week
<input type="checkbox"/> 5 Regular exercise: Weekly average of 30-60 minutes/week
<input type="checkbox"/> 6 Regular exercise: Weekly average of >1-3 hours/week
<input type="checkbox"/> 7 Regular exercise: Weekly average of >3-6 hours/week
<input type="checkbox"/> 8 Regular exercise: Weekly average of >6-9 hours/week
<input type="checkbox"/> 9 Regular exercise: Weekly average of >9-11 hours/week
<input type="checkbox"/> 10 Regular exercise: Weekly average of >11 hours/week

I hereby authorize IHA to forward my cardiovascular results to my mail code, as specified above.

Patient Signature

Date

MEDICAL USE ONLY

Blood Pressure:	Comments:
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